

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90830 007 ****61.25

DOCUMENT # N14855



1. Entity Name
QUAIL RUN HOMEOWNERS' ASSOCIATION OF CITRUS COUNTY, INC.

Principal Place of Business
~~GEORGE L PATTERSON~~
1490 E REDPOLL TR
HERNANDO FL 34442

Mailing Address
~~GEORGE L PATTERSON~~
P O BOX 267
HOLDER FL 34445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
CITRUS

Zip

Country
CITRUS



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2805081** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, THOMAS E
1182 E ORIOLE CT
HERNANDO FL 34442

Name *MILANA, NATALIE*
Street Address (P.O. Box Number is Not Acceptable)
1297 E ORIOLE COURT
City *HERNANDO* FL Zip Code *34442*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Natalie Milana*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME PRICE, THOMAS E
STREET ADDRESS 1182 E ORIOLE CT
CITY-ST-ZIP HERNANDO FL 34442

TITLE *TOLLEFSON, ARVID* Change Addition
NAME *TD*
STREET ADDRESS *1354 E BLUEBIRD COURT*
CITY-ST-ZIP *HERNANDO FL 34442*

TITLE SD Delete
NAME STERN, LOIS
STREET ADDRESS *1247 E ORIOLE COURT*
CITY-ST-ZIP *HERNANDO FL 34442*

TITLE *SD* Change Addition
NAME *STERN LOIS*
STREET ADDRESS *1325 E BLUEBIRD CT*
CITY-ST-ZIP *HERNANDO FL 34442*

TITLE ASAT Delete
NAME STERN, EDGAR
STREET ADDRESS 1325 E BLUEBIRD CT
CITY-ST-ZIP HERNANDO FL 34442

TITLE *VD* Change Addition
NAME *STERN, EDGAR*
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~TD~~ Delete
NAME MCPHARLIN, PETER
STREET ADDRESS 1249 E SILVER THORN LP
CITY-ST-ZIP HERNANDO FL 34442

TITLE ~~AS AT~~ Change Addition
NAME *MCPHARLIN, PETER*
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME MILANA, NATALIE
STREET ADDRESS *1247 E ORIOLE COURT*
CITY-ST-ZIP *HERNANDO FL 34442*

TITLE *PD* Change Addition
NAME *MILANA, NATALIE*
STREET ADDRESS *1297 E ORIOLE COURT*
CITY-ST-ZIP *HERNANDO FL 34442*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *AS D* Change Addition
NAME *LIDDLE, BEA*
STREET ADDRESS *1239 E SILVER THORN LP*
CITY-ST-ZIP *HERNANDO FL 34442*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Natalie Milana*

2/19/03 352-465-0681

CR2E037 (10/02)